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CONFIRMATION NO. 7779

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|-----------------------------|-----------------------------------|--------------|------------------------|---------------------------------|
| SERIAL NUMBER 10/804,771 | FILING DATE 03/19/2004 RULE | CLASS 430 | GROUP ART UNIT 1756 | ATTORNEY DOCKET NO. SD8287.1 |
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APPLICANTS

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nb

** CONTINUING DATA *****

This application is a DIV of 10/146,421 05/14/2002 PAT 6,749,997

ws

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/01/2004

| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|---------------------------------|--|---------------------|-------------------|-----------------|-----------------------|
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | CA | 5 | 12 | 1 |

ADDRESS

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TITLE

Gray scale x-ray mask

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| FILING FEE RECEIVED 770 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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